

THE CLEVELAND MUSEUM OF ART
FORTY-FIFTH ANNUAL EXHIBITION OF WORK BY ARTISTS AND CRAFTSMEN OF THE WESTERN RESERVE
MAY 8 to JUNE 16, 1963

PLEASE
LETTER
PLAINLY
OR TYPE

Artist

FIRST NAME

LAST NAME

Address 8700 BROADVIEW CLEVELAND 41, Cuyahoga Tel. 526-3278

Please enclose Registration Fee of \$2.00 (Check or Money Order) with Entry Blank..

NUMBER IN
EDITION
(Graphic Prts.)

PRICE

TITLE

MEDIUM

CLASS

DO NOT WRITE IN
THESE COLUMNS[illegible]

Use second blank if required

IMPORTANT

This entry blank must be fully made out, (typewritten or plainly printed) and signed. Unsigned entry blanks will not be accepted.

Note calendar for delivery and return of objects carefully. It is understood that the Museum will have the right to dispose for its own account any entry not called for by July 25, 1963.

The submission of entries will be construed as acceptance of all conditions printed in this entry blank.

SIGNATURE _____